

UChicago Argonne, LLC operator of Argonne National Laboratory

9700 S. Cass Avenue, Lemont, Illinois 60439

NO.:

Stand Alone Shipping Order

TRANSFER ORDER

NOTE: WHEN RETURNING MATERIAL TO ANL, PLEASE REFERENCE THE AWARD / MR NUMBER SHOWN BELOW.

COMPANY NAME			PHONE NO. (REQUIRED)			DATE:		DATE REQUIRED AT DESTINATION			
ADDRESS LINE 1					HOME <input type="checkbox"/>	REASON FOR SHIPMENT:					
ADDRESS LINE 2											
CITY		ST/PROV	ZIP CODE	COUNTRY UNITED STATES		AWARD TYPE <input type="radio"/> AMOS <input type="radio"/> PARIS <input checked="" type="radio"/> NONE					
ATTENTION		REFERENCE NO		COST CODE (REQUIRED)		PRJ: ACT:		AWARD NUMBER REQ NUMBER			
BADGE	NAME OF ANL CONTACT			BUILDING	EXTN.	PROCUREMENT NAME			PROCUREMENT RELEASE SIGNATURE		
E-MAIL ADDRESS FOR TRACKING NO. (OPTIONAL)				EXPORT REVIEW? NOT APPLICABLE		SIGNATURE OF EXPORT CONTROL (If Applicable)					
ANL-126C BADGE	NAME OF ANL-126C SIGNATURE AUTHORITY				EXTN.	SIGNATURE OF ANL-126C APPROVER					
HIGH RISK PROPERTY <input type="radio"/> YES <input type="radio"/> NO	DPR BADGE	NAME OF DPR			PROPERTY NO IF APPLICABLE	SIGNATURE OF DPR (If Applicable)					
DOES SHIPMENT CONTAIN RECORDS? If Yes, Complete and Attach ANL-509 <input type="radio"/> YES <input type="radio"/> NO					VENDOR PICKUP <input checked="" type="radio"/> NO <input type="radio"/> At Location <input type="radio"/> At Shipping						
WAS MATERIAL IN A CONTROLLED AREA? <input type="radio"/> YES <input type="radio"/> NO		IF YES, NAME, EXTENT OF RADIATION IF YES, WHERE WAS ITEM USED (BLDG/ROOM) /									
SURVEY RESULTS TO BE COMPLETED BY HEALTH / PHYSICS						SURVEY DATE		HEALTH / PHYSICS APPROVED			
DOES THIS SHIPMENT CONTAIN ANY OF THE FOLLOWING HAZARDS? FAILURE TO DECLARE ANY HAZARD COULD RESULT IN CIVIL OR CRIMINAL PENALTIES BY THE U.S. GOVERNMENT											
PHYSICAL FORM: NONE					IF HAZARDOUS, MSDS#:						
HAZARD	YES	NO	HAZARD	YES	NO	HAZARD	YES	NO	HAZARD	YES	NO
Explosives	<input type="radio"/>	<input type="radio"/>	Flammable Liquid	<input type="radio"/>	<input type="radio"/>	Dangerous-When-Wet Mat.	<input type="radio"/>	<input type="radio"/>	Infectious Substance	<input type="radio"/>	<input type="radio"/>
Flammable Compressed Gas	<input type="radio"/>	<input type="radio"/>	Combustible Liquid	<input type="radio"/>	<input type="radio"/>	Oxidizer	<input type="radio"/>	<input type="radio"/>	Diagnostic Specimens	<input type="radio"/>	<input type="radio"/>
Nonflammable Compressed Gas	<input type="radio"/>	<input type="radio"/>	Flammable Solids	<input type="radio"/>	<input type="radio"/>	Organic Peroxides	<input type="radio"/>	<input type="radio"/>	Corrosive Material	<input type="radio"/>	<input type="radio"/>
Toxic Gas	<input type="radio"/>	<input type="radio"/>	Spontaneously Combustible Material	<input type="radio"/>	<input type="radio"/>	Toxic	<input type="radio"/>	<input type="radio"/>	ORM-D	<input type="radio"/>	<input type="radio"/>
Nano Materials	<input type="radio"/>	<input type="radio"/>	Radiation Generating Device	<input type="radio"/>	<input type="radio"/>	Batteries	<input type="radio"/>	<input type="radio"/>	Misc.hazardous Material	<input type="radio"/>	<input type="radio"/>
Regulated Biological and/or Biohazardous Materials				<input type="radio"/>	<input checked="" type="radio"/>				Radioactive	<input type="radio"/>	<input type="radio"/>
TOTAL QTY OF HAZARDOUS MATERIAL					UNIT OF MEASURE						
CARRIER	DEST RIS	VALUE FOR CUSTOMS .00	<input type="radio"/> PREPAID <input type="radio"/> COLLECT <input type="radio"/> 3rd PARTY		NO.OF PKGS.	TOTAL WEIGHT	UOM Pounds				
PKGD. BY 00/00/0000	PKGD. BY		CARRIER'S B/L NUMBER:								
DATE SHIPPED 00/00/0000	SHIPPING DEPARTMENT AUTHORIZATION										